



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## PUBLIC HEALTH REPORTS

### SUMMARY OF SANITARY REPORTS.

#### *Status and progress of epidemics.*

*Asiatic cholera.*—Cholera reports received since the preparation of the last summary do not show any extension of the area of prevalence of the epidemic. At Calcutta there were 5 fatal cases for the week ending June 10, and 1 at Madras for the week ending June 9. The Calcutta cases were 4 Hindus and 1 Mohammedan. There was no connection with the shipping nor with the port. For the corresponding weeks there were in 1904 7 deaths at Calcutta from cholera; in 1903, 45 deaths; 1902, 32 deaths; 1901, 53 deaths; and 1900, 101 deaths.

*Yellow fever.*—The dispatch printed in the present issue of the Public Health Reports from the American consul at Goree-Dakar, on the west coast of Africa, an area of great epidemiological interest, reporting the presence of yellow fever in Senegal, with an incidental exodus of foreigners, draws attention to the obscure but none the less important question of the initial home of yellow fever. Early historians record epidemics both in Africa and the West Indies prior to the advent of the white man, outbreaks which, though not proven to be yellow fever, might easily have been that disease.

In favor of the theory of the African origin of yellow fever is the circumstance that when the West Indies were first settled the disease was unknown in the islands, that later it broke out, prevailed for a time and then disappeared, and that at the present time most of the Antilles are unusually healthy for tropical islands and present no evidence of being essentially endemic seats of the disease. For these reasons many writers believe that the original home of yellow fever must be looked for outside of America, and maintain that it was first introduced into the western world by slave ships from the west coast of Africa. Dakar, where the appearance of yellow fever is at present reported, is situated on the extreme point of Cape Verde, in the French colony of Senegal, of which it is one of the chief towns,  $1\frac{1}{2}$  miles north of Goree, the two places often being known by the compound name, Goree-Dakar.

Dakar has a population of about 3,500. It is connected by a railroad, 163 miles long, with St. Louis, the residence of the governor. St. Louis is situated at the mouth of the Senegal. The first authentic

accounts of yellow fever in Africa are descriptions of an epidemic that prevailed at St. Louis in 1778, and was traced to importation from Sierra Leone. Writers who adhere to the theory of the West Indian origin of yellow fever discredit all chronicles of previous prevalences in Africa, declaring that the Gulf of Mexico has always been the headquarters of the disease, and affirm that the pestilences that occurred in West Africa before 1778 were not yellow fever.

However this may be, it is clear that the accounts of these early epidemics on both sides of the ocean are sufficiently inexact to cause a wide division of opinion among medical historians. Of more recent prevalences of yellow fever in West Africa there can be no doubt. The Gold Coast and portions of the Gambia and Senegal coasts have been so frequently visited that it does not seem at all incredible that the disease is at present endemically fixed in those sections, and that the succeeding outbreaks have not in all cases been due to a fresh importation of infection.

In a recent foreign office publication the British vice-consul at Grand Bassam discusses the extensive prevalence of yellow fever in that French colony in 1903, and says that the disease had reappeared again and again in such continuous and disastrous outbreaks that in 1899 it was proposed to abandon the town completely. In 1900 there was a severe prevalence at Gorée-Dakar.

Owing to the recent rumors of yellow fever on the west coast of Africa, a request was made June 12, 1905, to the consul-general at Monrovia, Liberia, for a report on the prevalence of the disease.

The British vice-consul at Grand Bassam states that in 1903 the mortality was no less than 50 per cent of the population. Quite recently steps have been taken for the extermination of mosquitoes at Grand Bassam, at which point the marshy land does not enter the coast farther than about 200 yards. The United States consul at Sierra Leone, writing at the beginning of the former extensive epidemic, says that the infected strip extended from the Gold Coast on the east, up to and including Half Jack on the west.

The West African islands have suffered from time to time from yellow fever, which, however, does not appear to have a tendency to extend inward on the African Continent. Three years ago the consul at Teneriffe reported that the strictest kind of a quarantine was being maintained in the Canary Islands against arrivals from the French Ivory Coast. The health of Dakar, where yellow fever is now reported present, is not unimportant to the Western Hemisphere. It is the only true port of Senegal, and is visited by Atlantic steamers on their way from France to South America. In constant coastwise communication with Sierra Leone and places to the southeast and north, it is in position to receive or transmit contagious diseases existing in that section. Dakar is a stopping point on the trade route

between Bordeaux and Pernambuco (thirteen days) and Rio de Janeiro (sixteen days). Goree has an open roadstead where vessels anchor at some distance from shore, and there is a bar that renders the port of St. Louis difficult of access.

During the week ending July 1, 1 case of yellow fever occurred at Tierra Blanca, near Veracruz, where a number of cases have been reported lately, and 1 case with 1 death at Tehuantepec, a river port of the Isthmus of Tehuantepec having a population of about 15,000, mostly descendants of Indians. Tehuantepec has a small coasting and fishing trade and exports indigo and salt.

One case of yellow fever was reported at Veracruz, July 11. At Belize, British Honduras, during the week ending July 6 there was an additional case with 1 death. In Honduras, 7 cases with 3 deaths from yellow fever occurred at Puerto Cortez in the same week, and the disease was reported to be epidemic at San Pedro, 35 miles from Puerto Cortez on the line of railroad. All the smaller towns along the line are said to be free from the disease.

Reports from the Canal Zone indicate that there were 2 cases of yellow fever with 1 death at Colon from June 29 to July 1.

From June 23 to July 6, 7 cases and 1 death from yellow fever occurred at Livingston, Guatemala. Previous to the former date there had been 5 cases and 4 deaths. In Maracaibo, Venezuela, the disease was reported present June 22, but not in epidemic form. Three deaths from yellow fever were recorded between June 14 and 20 at Guayaquil, Ecuador, the only port on the west coast of South America, where, as far as is known, the disease exists at present.

*Bubonic plague.*—An active crusade is being made against rats at Panama and La Boca, and at the latter place a plague-infected rat has been found on the wharf where the negro laborer who recently died of plague was employed in handling freight. The docks at Colon are also, it is reported, infested with rats. The cause of death in the La Boca case has been demonstrated bacteriologically.

Acting Assistant Surgeon Mohr writes, under date of July 4, from Colon, that as soon as the case was discovered, a strict quarantine was placed on the settlement of La Boca, a cordon established, and a house to house inspection made under the direction of the chief quarantine officer. In addition to the campaign against rats at La Boca and Panama, all the houses in La Boca were fumigated and otherwise disinfected and everybody in town was inspected. As for Colon, Acting Assistant Surgeon Mohr states that no measures have been instituted to exterminate the rats that infest the wharves, and he adds that "as vessels lie at the docks, loading and discharging, day and night, there is every possibility of rats getting aboard."

"The facilities for the proper fumigation of vessels to destroy rats are very meager at this port," he adds, "and the assistance of the

Isthmian quarantine service must be called for in order to obtain the requisite number of pots and the necessary amount of sulphur for this work. The steamship *Alliance*, of the Panama Railroad Line, was fumigated on her last voyage by the New York quarantine service, and a repetition of the process here [at Colon] on July 1 resulted in the destruction of over 100 rats. Every compartment of the ship, with the exception of the saloons and staterooms, was fumigated with 3 per cent sulphur dioxide for six hours."

The Government of Costa Rica, the next door neighbor of Panama, has, owing to the appearance of the case in question, promulgated a decree, under date of June 26, closing the ports of the Republic of Costa Rica against vessels from the Republic of Panama, or from places in direct relation with the ports of Panama. Absolute closure of ports against infected places, as well as quarantine in the original sense of the term, namely, a detention of forty days, procedures ruinous to commerce, have rarely been practiced in recent times, though occasionally adopted as temporary expedients during panics for the exclusion of arrivals by land.

Such measures form a striking feature of the quarantine traditions of Turkey and Greece in combat with pestilence in the Levant, as well as of Spain and Portugal and their colonies as a protection against yellow fever. They have been quite generally replaced throughout the world by a rational system consisting of appropriate disinfection, with detention and observation for a period covering the duration of incubation of the disease against which prophylaxis is directed.

There are a number of English, German, French, and Italian settlements in Costa Rica as well as the Spanish settlements characteristic of other Central American countries. The proportion to the general population of persons of unmixed white blood is larger than in any other Central American State. An idea of Costa Rica's shipping may be had from statistics which show that the total value of the exports of the Republic for 1890 was about \$7,500,000, consisting chiefly of coffee (about 34,000,000 pounds in 1890), but also comprising fruits, skins and hides, cabinet woods, cocoa, caoutchouc, and precious metals. The imports, of which the United States provides about one-third, had a value in 1890 of about \$3,000,000 less than the exports. In 1892 there were about 250 miles of railroad. The Cordillera de Chirique Mountains form a natural boundary between the Republics of Panama and Costa Rica, a barrier not without sanitary value, but which does not, however, correspond to the partition heretofore claimed by Costa Rica for the separation of that Republic from Colombia.

The railroad line from Limon, on the Atlantic, through San Jose, the capital, to Alajuela, on the Pacific, gives an additional commercial importance to these places. Limon, at the Gulf side of Costa Rica, is

on the same coastwise mail route with Colon, 195 nautical miles distant from that place; and the Pacific Costa Rican ports are in similar relation with Panama.

Through the State Department a copy of a decree dated July 2 has been received from the American consul at Barranquilla, Colombia, in which quarantine is declared at Barranquilla against Colon. All vessels from the latter port are required to undergo twelve to fifteen days' detention at the light-house of Puerto Belillo, 4 miles from Puerto Colombia (Savanilla), a point on the coast directly west of Barranquilla, which is within the mouth of the Magdalena River. More than a dozen steamers, apart from seagoing vessels, ply on the Magdalena between Barranquilla and other river ports.

A case of plague was found, June 5, at Aden on board the British steamship *Arabia* from Bombay, bound for Marseille and London. The vessel carried 258 passengers and 288 crew. The sick man was a Lascar seaman.

*Quarantine regulations.*—By a circular of the maritime authorities of Trieste, Austria, dated May 3, 1905, quarantine regulations were put in force against arrivals from Brazil.

An order dated June 12, promulgated in Cyprus, requires inspection of all steerage passengers from Egypt and disinfection of their effects.

Quarantine regulations against arrivals from Suez, Alexandria, and Port Said are repealed by a decision of the sanitary board of Constantinople, dated June 14, 1905.

May 9 plague quarantine was put in force in the Dutch East Indies against arrivals from Swatow, China.

The Italian ordinance of November 26, 1904, against arrivals from Aden was repealed June 17.

By an order dated June 23 arrivals at Italian ports from Alexandria, Egypt, are subject to the precautionary measures against plague prescribed by the ordinance of February 23, 1902.

By a Russian decision of June 13, the land frontier between Russia and Persia was opened to travelers and goods.

In Turkey all departures later than June 4 from Alexandria, Egypt, are subject to disinfection and destruction of rodents prior to entering Ottoman ports.

In Holland by a royal order, dated June 10, epidemic cerebral spinal meningitis has been declared a quarantinable disease and added to the list of maladies whose introduction from vessels coming from the open sea is prohibited. The decree is applicable for one year from date of issue.

#### GENERAL SANITARY INFORMATION.

*Dengue and mosquitoes.*—In a paper treating of mosquitoes, read recently before the Louisiana Naturalists' Society, Dr. W. H. Dupree

states that the geographical distribution and symptomatology of dengue suggest for it an etiology similar to that of yellow fever. An intracorpuseular organism with a life cycle longer than that of the malarial parasites has been described by Graham. The organism was found in the blood of dengue patients in Beirut, Syria.

Mosquitoes of the genus *Culex* were abundant during the dengue epidemic in question. The disease, it is said, did not occur in persons protected against the mosquito. In persons under observation it was produced by the bite of mosquitoes. Mosquitoes fed on the blood of dengue-infected persons were capable of transmitting the disease.

## UNITED STATES.

[Reports to the Surgeon-General, Public Health and Marine-Hospital Service.]

*Report from Gulfport, Miss.—Death from typhoid fever on ship Dora Baltea—Health conditions of city good.*

Acting Assistant Surgeon Sheely reports, July 10, as follows:

A death from typhoid fever occurred on July 7 on the Italian ship *Dora Baltea*, from Philadelphia via Tampa, Mobile, and Gulfport. The ship took water at Philadelphia and Mobile. Her water tanks have been emptied and thoroughly cleansed. No other member of the crew has been sick.

The health of the city has been excellent.

*Smallpox in Portland, Oreg.—Cases imported.*

Acting Assistant Surgeon Wheeler reports, July 6, as follows:

There have been 6 cases of smallpox in the city pesthouse during the month of June, 1905. These cases came to the city from various parts of this State and adjoining States.

## INSPECTION SERVICE, MEXICAN BORDER.

*Inspection at Eagle Pass, Tex.*

Acting Assistant Surgeon Hume reports as follows:

	Week ended July 8, 1905.
Persons inspected on trains .....	193
Persons held .....	0

*Inspection at El Paso, Tex.*

Acting Assistant Surgeon Alexander reports as follows:

Week ended July 8, 1905: Inspection Mexican Central passengers, 220; inspection Mexican Central immigrants, 68; inspection of Syrians, 8; inspection of Japanese, 6; fumigation of carload of bones imported